

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 01/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	21154
Indexed	db
Audited	
Computer	SW

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

IMPORTANT: Indicate type of committee you are reporting for:

6

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
(8)Support Slate of Candidates

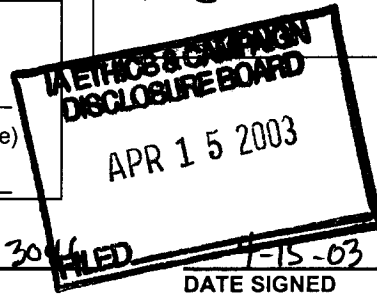
CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party

Office Sought

District (if Senate or House)



John Behlman

SIGNATURE OF TREASURER (or person filing this report)

515-1663-3046

TELEPHONE

7-15-03

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5 days prior to election REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate one 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

April 22, 2003

County & Local Committees, enter County in which Election is held

Story

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ - 0 -

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

3589.00

Schedule F: Loans Received total (Attach Schedule F)

- 0 -

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

- 0 -

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

3589.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2181.50

Schedule F: Loan Repayments total (Attach Schedule F)

- 0 -

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 1401.50

**UNPAID BILLS (From Schedule D - Attach Schedule D)

700.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

- 0 -

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

- 0 -

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3-3-03	ID# CK#	Barb Utesch 3336 Bayberry Circle Ames, IA 50014		\$ 250.00	<input type="checkbox"/>
3-1-03	ID# CK#	Tom Pohlman 3117 Bayberry Rd Ames, IA 50014		50.00	<input type="checkbox"/>
3-5-03	ID# CK#	John Timmons 2108 Greelley Ames, IA 50014		200.00	<input type="checkbox"/>
3-6-03	ID# CK#	B.H. Burke, Jr. P.O. Box 209 Nevada, IA 50201		50.00	<input type="checkbox"/>
3-6-03	ID# CK#	Bethinda Smith 3109 Greenwood Rd Ames, IA 50014		20.00	<input type="checkbox"/>
3-6-03	ID# CK#	Kim Wass 2150 Quail Ridge Rd Ames, IA 50010		25.00	<input type="checkbox"/>
3-7-03	ID# CK#	Sally Besser 3126 Sycamore Rd Ames, IA 50014		50.00	<input type="checkbox"/>
3-7-03	ID# CK#	Karon Strehlow 212 N. Russell Ames, IA 50010		50.00	<input type="checkbox"/>
3-7-03	ID# CK#	Kaylean Cokus 802 Norland Dr. Ames, IA 50010		20.00	<input type="checkbox"/>
3-8-03	ID# CK#	Kathleen Weber 3133 Sycamore Rd Ames, IA 50014		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 740.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3-8-03	ID# CK#	Deb Wink black 3206 Magnolia Circle Ames, IA 50014		\$ 50.00	<input type="checkbox"/>
3-8-03	ID# CK#	Mary Creveting-Buck 3221 Greenwood Circle Ames, IA 50014		25.00	<input type="checkbox"/>
3-8-03	ID# CK#	Dianne Bystrom 3103 Sycamore Rd Ames, IA 50014		25.00	<input type="checkbox"/>
3-8-03	ID# CK#	Erben Hunziker and Margaret Hunziker Appls. LLC 105-5 16th St Ames, IA 50016		200.00	<input type="checkbox"/>
3-11-03	ID# CK#	Tami Goodhue 3028 Bayberry Rd Ames, IA 50014		20.00	<input type="checkbox"/>
3-11-03	ID# CK#	Joe Hesser 3013 Evergreen Circle Ames, IA		25.00	<input type="checkbox"/>
3-12-03	ID# CK#	Chris Hunziker 311 Oakland St. Ames, IA 50014		100.00	<input type="checkbox"/>
3-12-03	ID# CK#	Carole Ottensen 1133 Oklahoma Dr. Ames, IA 50014		25.00	<input type="checkbox"/>
3-12-03	ID# CK#	Mary Ann Lundy 4316 Phoenix Ames, IA 50014		25.00	<input type="checkbox"/>
3-12-03	ID# CK#	Janie Wade 3318 Ridgetop Circle Ames, IA 50014		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 520.00	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 1
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AAS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3-13-03	ID# CK#	Gale Kearney 1922 Stevenson Ames, IA 50010		\$ 50.00	<input type="checkbox"/>
3-13-03	ID# CK#	Marjorie Benson 2609 Ridgeway Rd. Ames, IA 50014		50.00	<input type="checkbox"/>
3-15-03	ID# CK#	Deborah Keefe 3120 Sycamore Rd Ames, IA 50014		50.00	<input type="checkbox"/>
3-20-03	ID# CK#	Ralph Farrar 3629 Fletcher Ames, IA 50010		25.00	<input type="checkbox"/>
3-21-03	ID# CK#	Linda Doering 2444 Prairie View Ames, IA 50010		25.00	<input type="checkbox"/>
3-24-03	ID# CK#	Stacy Eustacy 3621 Woodland St. Ames, IA 50014		400.00	<input type="checkbox"/>
3-24-03	ID# CK#	Deb Fennelly 3431 Valley View Rd Ames, IA 50014		400.00	<input type="checkbox"/>
3-31-03	ID# CK#	Carol Kenealy 1116 Garner Circle Ames, IA		25.00	<input type="checkbox"/>
3-31-03	ID# CK#	Terry Wycoff 2131 Polk Drive Ames, IA		20.00	<input type="checkbox"/>
4-1-03	ID# CK#	Beth Mars 3020 Hemlock Circle Ames, IA		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1145.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
4-2-03	ID# CK#	Elizabeth Erbes 4012 Phoenix St. Ames, IA		\$ 50.00	<input type="checkbox"/>
4-2-03	ID# CK#	David Maahs 1007 Vermont Court Ames, IA		20.00	<input type="checkbox"/>
4-2-03	ID# CK#	Kenn Deardorff 3300 Eisenhower Ames, IA		25.00	<input type="checkbox"/>
4-2-03	ID# CK#	Janet Croyle 613 X Ave. Ames, IA		25.00	<input type="checkbox"/>
4-2-03	ID# CK#	Tom Stark 2115 Hughes Ave Ames, IA		25.00	<input type="checkbox"/>
4-2-03	ID# CK#	Bob Hildbrag 3151 State Ave. Ames, IA		20.00	<input type="checkbox"/>
4-2-03	ID# CK#	Howard Shapiro 3242 Woodland Ave Ames, IA		25.00	<input type="checkbox"/>
4-2-03	ID# CK#	Bill Hertzman 2505 Green Hills Dr. Ames, IA		25.00	<input type="checkbox"/>
4-3-03	ID# CK#	Marie McCuskey 2204 Fillmore Ames, IA	240	25.00	<input type="checkbox"/>
4-4-03	ID# CK#	Carolyn Janssen 2225 Ironwood Ct. Ames, IA		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 250.00	
TOTAL (if last page of this schedule)				\$	

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Page 4 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
4-4-03	ID# CK#	Jann Howell 2209 Prairie View E. Ames, IA		\$ 20.00	<input type="checkbox"/>
4-4-03	ID# CK#	Leona Nau 2005 Stevenson Dr. Ames, IA		100.00	<input type="checkbox"/>
4-4-03	ID# CK#	Phil Johnson 1606 Pierce Circle Ames, IA		25.00	<input type="checkbox"/>
4-7-03	ID# CK#	Mary Steyermark 2607 Tyler Ave. Ames, IA		25.00	<input type="checkbox"/>
4-7-03	ID# CK#	Unitemized Contribution Elmer Auerud 120 Kellogg, Apt 502 Ames, IA		5.00	<input type="checkbox"/>
4-3-03	ID# CK#	Monica Porter 107 Amherst Dr. Ames, IA		25.00	<input type="checkbox"/>
4-3-03	ID# CK#	Jean Kresse 4931 Homingway Dr. Ames, IA		25.00	<input type="checkbox"/>
4-3-03	ID# CK#	Teresa Larson 3921 Ridgeway Ames, IA		50.00	<input type="checkbox"/>
4-7-03	ID# CK#	Beth Cross 3409 Oakland St. Ames, IA		100.00	<input type="checkbox"/>
4-7-03	ID# CK#	Jane Mathison 2702 Northwood Dr. Ames, IA		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 400.00	
TOTAL (if last page of this schedule)				\$	

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Page 5 of 1
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
4-8-03	ID# CK#	George Burnet 4813 Dover Dr. Ames, IA		\$ 50.00	<input type="checkbox"/>
4-8-03	ID# CK#	Scott Bauer 1423 Glendale Ave. Ames, IA		25.00	<input type="checkbox"/>
4-8-03	ID# CK#	Jacquelyn Maratt 2926 Monroe Dr. Ames, IA		15.00	<input type="checkbox"/>
4-8-03	ID# CK#	David Acker 2107 Graceler Ames, IA		50.00	<input type="checkbox"/>
4-10-03	ID# CK#	Vickie Loes 3019 Evergreen Circle Ames, IA		15.00	<input type="checkbox"/>
4-10-03	ID# CK#	Patricia Hallahan 1322 Illinois Ave. Ames, IA		20.00	<input type="checkbox"/>
4-10-03	ID# CK#	Gail Johnston 840 Brookridge Ave. Ames, IA		20.00	<input type="checkbox"/>
4-10-03	ID# CK#	Mary Herrstadt 909 Idaho Ave. Ames, IA		10.00	<input type="checkbox"/>
4-11-03	ID# CK#	Charles Ricketts 2531 Pierce Ave. Ames, IA		15.00	<input type="checkbox"/>
4-11-03	ID# CK#	Mark Gleason 507 Lynn Ave Ames, IA		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 240.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4-12-03	ID# CK#	Robert Keppe 3923 Fletcher Blvd. Ames, IA		\$ 25.00	<input type="checkbox"/>
4-14-03	ID# CK#	Sandra Dahlqvist 1322 Johnson Ames, IA		25.00	<input type="checkbox"/>
4-14-03	ID# CK#	Anton Netusil 1817 Roosevelt Ames, IA		25.00	<input type="checkbox"/>
4-14-03	ID# CK#	James Chrisinger 2612 Cleveland Dr. Ames, IA		25.00	<input type="checkbox"/>
4-14-03	ID# CK#	Mary Wendling 1914 Stevenson Dr. Ames, IA		25.00	<input type="checkbox"/>
4-14-03	ID# CK#	Steve Ringler 2325 Storm Ames, IA		25.00	<input type="checkbox"/>
4-14-03	ID# CK#	William DiHa 2024 Northwestern Ames, IA		25.00	<input type="checkbox"/>
4-14-03	ID# CK#	Don & Sons Body Shop, Inc 1003 E. Lincoln Way Ames, IA		25.00	<input type="checkbox"/>
4-14-03	ID# CK#	Linda Wilson 1922 Polk Dr. Ames, IA		50.00	<input type="checkbox"/>
4-14-03	ID# CK#	Allison D. Blasie Ames, IA		44.00	<input type="checkbox"/>
SUB-TOTAL				\$ 294.00	
TOTAL (if last page of this schedule)				\$ 3589.00	

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Page 7 of 7
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-1-03	ID# CK# 1	Sigler Printing & Publishing	Bond Issue Yard Signs Bond Issue Post Cards	\$ 1383.50
4-8-03	ID# CK# 2	Sigler Printing & PO 881 Publishing Ames, IA	Bond Issue Campaign Brochure	795.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2178.50
TOTAL (if last page of this schedule)				\$ 2178.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
4-13-03	The Tribune 317 5th Ames, IA	Newspaper Ad	\$ Est. \$550 ⁰⁰
4-13-03	Sigler Printing + Publishing 413 Northwestern Ames, IA	Ad Development	Est. 150.00
SUB-TOTAL			\$ 700 ⁰⁰
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 700 ⁰⁰

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

IMPORTANT: Indicate type of committee you are reporting for: ☒

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party

Office Sought

District (if Senate or House)

SIGNATURE OF TREASURER (or person filing this report)

515-663-3046
TELEPHONE

FORM

DR-2

(Rev. 03/2003)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

IA ETHICS & CAMPAIGN
DISCLOSURE BOARD

MAY 5 2003

FILED 30-03

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5 days prior to election REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one ☒

☒ CHECK IF AMENDMENT TO REPORT DATED 4-15-03

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

4-22-03

County & Local Committees, enter County in
which Election is held

Story

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ -0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

3545.00

Schedule F: Loans Received total (Attach Schedule F)

-0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 3545.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2187.50

Schedule F: Loan Repayments total (Attach Schedule F)

-0-

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 1357.50

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 700.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 44.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ -0-

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

(Including candidate's personal funds)

(Rev. 06/97)

MONETARY
RECEIPTS

☒

**CHECK THIS BOX IF
AMENDING FORM**

COMMITTEE NAME *(Must be same as on Statement of Organization)*

YES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4-14-03	ID# CK#	Allison Diblasi Ames, IA		\$ (44.00)	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ (44.00)	
TOTAL (if last page of this schedule)				\$ (44.00)	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

Reset Form

SCHEDULE
E
(Rev. 06/97)

IN KIND
CONTRIBUTIONS

☒ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
4-14-03	Allison D'blasi Ames, Ia		Postage	\$ 44.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

44.00

TOTAL (if last
page of this
schedule)

\$

44.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

IMPORTANT: Indicate type of committee you are reporting for: ☐ 6

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party

Office Sought

District (if Senate or House)

IA ETHICS CAMPAIGN
DISCLOSURE BOARD

MAY 6 2003

FILED

Jim Belman

SIGNATURE OF TREASURER (or person filing this report)

515-663-3046

TELEPHONE

5-5-03

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5 days prior to election REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date)

Indicate one ☐ 2

☒ CHECK IF AMENDMENT TO REPORT DATED 4-15-03

Local Committees, enter Date of Election

4-22-03

County & Local Committees, enter County in
which Election is held
Story

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

3,545.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 3,545.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,178.50

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)

\$ 1,366.50

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 700.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 44.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$